



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES RESIDENTIAL PROPERTY APPROVAL AND AUTHORIZATION

1. NAME OF AGENCY:
2. TYPE OF PROPERTY (Check One): ☐ COMMUNITY LIVING ARRANGEMENT
☐ NEIGHBORHOOD GROUP HOME
3. PROPERTY ADDRESS:
- CITY: STATE: ZIP: COUNTY:

4. PROPERTY DETAILS

- A. PER ADA STANDARDS, IS THE PROPERTY ACCESSIBLE?: (Check One) YES ☐ NO ☐

IF YES, COMPLETED UNIVERSAL DESIGN SCORESHEET MUST ACCOMPANY THIS FORM

B. NUMBER OF LICENSED/CERTIFIED BEDS:

(Check One): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

C. HOW MANY BEDROOMS ARE INTENDED TO BE USED FOR SLEEPING QUARTERS?

(Check One): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5. OCCUPANTS – ENTER ONLY DDDS CONSUMERS BELOW:

- A. ENTER DDDS CONSUMER FIRST NAME AND LAST NAME AS WELL AS DATE OF BIRTH (DOB).
IF ALL CONSUMERS RESIDING AT SITE HAVE NOT BEEN IDENTIFIED FOR PLACEMENT LIST
AS “VACANT” AND INDICATE ANTICIPATED DATE VACANCY WILL BE FILLED.

FIRST NAME

LAST NAME

1.	<input type="text"/>	<input type="text"/>	DOB:	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	DOB:	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	DOB:	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	DOB:	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	DOB:	<input type="text"/>

- B. DO CONSUMERS HAVE SPECIAL PROGRAMMATIC NEEDS? (Check One) YES ☐ NO ☐

IF YES, COMPLETED PROGRAMMATIC ASSESSMENT FORM MUST ACCOMPANY THIS FORM

6. REASON WHY FORM IS BEING SUBMITTED (Check One):

☐

OPENING NEW RESIDENTIAL SITE (IF NEW SITE REPLACES EXISTING SITE, LIST ADDRESS CLOSING):

☐

RENEWING A PROPERTY ALREADY IN OPERATION

A. LIST UTILITIES & SERVICES **INCLUDED** WITHIN THE LEASE/FINANCE AMOUNT.

GAS

☐

WATER

☐

ELECTRIC

☐

OIL

☐

SEWER

☐

TRASH

☐

SNOW RMVL

☐

CABLE

☐

PHONE

☐

B. LIST UTILITIES & SERVICES **NOT INCLUDED** WITHIN THE LEASE AMOUNT.

GAS

☐

WATER

☐

ELECTRIC

☐

OIL

☐

SEWER

☐

TRASH

☐

SNOW RMVL

☐

CABLE

☐

PHONE

☐

C. ESTIMATED **MONTHLY** PAYMENT FOR UTILITIES/SERVICES CHECKED IN # 6 B:

\$

7. IS PROPERTY (Check One)

OWNED

☐

LEASED

☐

(If leased proceed to Section #7A;
If owned proceed to Section #7B)

IF LEASED, ATTACH LEASE COPY GOING INTO EFFECT

A. PROPERTY LEASE DETAILS

i. LESSOR NAME:

ii. LESSOR ADDRESS:

iii. LESSOR PHONE:

REPRESENTATIVE:

iv. LEASE TERM:

EFFECTIVE DATE:

ENDING DATE:

v. MONTHLY LEASE AMOUNT:

\$

IF RENEWING, PREVIOUS MONTHLY LEASE AMOUNT WAS:

\$

vi. MONTHLY AMOUNT OF RENTER'S INSURANCE:

\$

B. IF OWNED, ATTACH COPIES OF:

**IF OWNED, ATTACH COPY OF MORTGAGE/FINANCE DOCUMENTS IF PROPERTY NOT PAID IN FULL,
PROPERTY INSURANCE CERTIFICATE AND PROPERTY & SCHOOL TAX STATEMENT**

i. MONTHLY MORTGAGE/FINANCE AMOUNT:
(CAN INCLUDE PRINCIPAL& INTEREST)

ii. FINANCE PERIOD:

EFFECTIVE DATE:

ENDING DATE:

iii. NAME OF LENDER:

iv. INTEREST RATE:

v. MONTHLY PROPERTY TAXES:

vi. MONTHLY SCHOOL TAXES:

vii. MONTHLY HOME OWNER'S INSURANCE:

viii DOES LENDER REQUIRE RESERVES FOR REPAIRS/MAINTENANCE?

(Check One)

YES

☐

NO

☐

IF YES, ENTER MONTHLY RESERVE AMOUNT:

8. IS PROPERTY FINANCED BY DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)?

(Check One)

YES

☐

NO

☐

9. WHAT IS FAIR MARKET RENTAL (FMR) PER HOUSING & URBAN DEVELOPMENT?

PROVIDER ATTESTATION STATEMENT

I ATTEST THAT THE INFORMATION REPORTED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND ALL QUESTIONS ARE ANSWERED HONESTLY. I ALSO ATTEST NO INFORMATION WAS WITHHELD, EITHER INTENTIONALLY OR UNINENTIONALLY, WHEN COMPLETING THIS FORM.

SUBMITTED BY:

Signature of Authorized Agency Representative

Date

Title

FOR OBCBS USE ONLY -FUNDING APPROVAL/DENIAL

RESIDENTIAL PROPERTY LISTED ABOVE IS:

☐

APPROVED - LEASE VALUE IS EQUAL TO OR LESS THAN HUD FMR

☐

APPROVED - LEASE VALUE EXCEEDS HUD FMR BUT DDDS APPROVES FOR PROGRAMMATIC, ACCESSIBILITY AND/OR GEOGRAPHIC REASONS.

(See Attached Residential Property Review & Decision)

☐

DENIED. REASON LISTED BELOW.

THE AUTHORIZED REPRESENTATIVE OF DHSS, DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES, HEREBY AUTHORIZES THE PROVIDER TO EXECUTE THE ABOVE REQUESTED LEASE OR LEASE RENEWAL.

EVALUATED BY:

Signature of DDDS OBCBS Management Analyst

Date

AUTHORIZED BY:

Signature of DDDS OBCBS S.S.Chief Administrator

Date